

PRIOR AUTHORIZATION REQUEST FORM

Please complete all sections. Incomplete forms will be returned.

1. PATIENT INFORMATION

Full Name: Michael Robert Johnson DOB: 08/14/1965 Sex: M F
Member ID: UHC345678901 Insurance: UnitedHealthcare
Address: 789 Pine Street, Denver, CO 80202
Phone: (303) 555-4567 Email: mike.johnson@email.com

2. INSURANCE / PLAN INFORMATION

Insurance Company: UnitedHealthcare Plan Type: PPO HMO Medicare
Policy Number: UHC789012345 Group Number: GRP003
Effective Date: 01/01/2024 Termination Date: 12/31/2024

3. PROVIDER INFORMATION

Requesting Provider: Dr. Lisa Rodriguez, MD NPI: 1122334455
Specialty: Orthopedics Cardiology Neurology Other: _____
Phone: (303) 555-1357 Fax: (303) 555-1358
Address: 321 Sports Medicine Dr, Denver, CO 80202
Facility: Denver Sports Medicine Center Tax ID: 11-2233445

4. SERVICE / PROCEDURE REQUESTED

Service Type: Arthroscopic Knee Surgery
CPT Code: 29881 ICD-10 Code: M23.91 - Knee disorder
Number of Treatments: 1 Requested Date: 01/15/2025
Place of Service: Outpatient Inpatient Emergency Other: _____

5. CLINICAL JUSTIFICATION

Medical Necessity:

Patient presents with chronic knee pain and limited mobility for 6 months. Physical examination reveals joint effusion, crepitus, and limited range of motion. MRI shows meniscal tear and cartilage damage. Conservative treatment with physical therapy and NSAIDs has failed. Arthroscopic surgery is medically necessary to repair meniscal tear and address cartilage damage. Clinical guidelines support surgical intervention for patients with failed conservative treatment and MRI-confirmed pathology.

Clinical Findings:

Knee pain (duration: 6 months) Limited ROM Joint effusion
Crepitus Positive McMurray test MRI-confirmed tear

Prior Treatments:

Physical therapy (3 months) NSAIDs (no relief) Other: _____

6. SUPPORTING DOCUMENTATION

Attached Documents (check all that apply):

Physician Notes (12/20/2024) MRI Results (12/05/2024)

Physical Therapy Notes (3 months) Patient Medical History

Insurance Card Copy Laboratory Results

Orthopedic Consultation Other: _____